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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A.	TTORNEY DOCKET NO.	CONFIRMATION NO.	
09/883,076	06/15/2001		Dhaval N. Shah		CISCP050C1	1504	
TITLE OF INVENTION: A BORDER GATEWAY	PROTOCOL	HOD FOR DETERMININ	NG A PREFERRED MIRR	ORED SERVICE IN A	A NETWORK BY EVAL	UATING	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	BE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/30/2007	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS]			
WINDER, PATRICE L		2145	709-230000	,			
1. Change of corresponder CFR 1.363).	nce address or indication	n of "Fee Address" (37		ing on the patent front page, list			
Change of correspondence address (or Change of Correspondence (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						Botts L.L.P.	
Tree Address" indic PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address"	¹ Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or typ	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Cisco Technology, Inc. San Jose, California							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are Issue Fee Publication Fee (No Advance Order - # of	small entity discount p	ermitted)	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form). 				
5. Change in Entity Status	s (from status indicated	above)	overpayment, to Depos	at Account Number	02-0384 (enclose an	extra copy of this form).	
a. Applicant claims S	SMALL ENTITY status	s. See 37 CFR 1.27.	b. Applicant is no long	er claiming SMALL E	NTITY status. See 37 CF.	R 1.27(g)(2).	
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